

## **CERTIFICATE OF MAILING - EXPRESS MAIL**

PFIZER DOCKET NO: 9230A				
APPLICATION NUMBER: 08/764,110				
TITLE: SUBSTITUTED HETEROCYCLIC DERIVATIVES				
APPLICANT: YUHPYNG L. CHEN				
"Express Mail" mailing label number <u>EM484850243US</u>				
Date of Deposit June 26, 1998				
I hereby certify that this paper or fee is being deposited with the United States				
Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for				
Patents, Washington, D.C. 20231.				
Kristina L. Konstas				
(Typed or printed name of person mailing paper or fee)				
W=1 - 11/.				
(Signature of person mailing paper or fee)				
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Pfizer, Inc Patent Department, 20th Floor 235 East 42nd Street New York, NY 10017-5755

PTO/SB/29 (2/98) # 7
Approved for use through 09/30/2000. OMB 0651-0032 7/, a/Crademark Office: U.S. DEPARTMENT OF COMMON CONTROL OF CONTROL OF COMMON CONTR Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE 7/3

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## **CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL**

Submit an original, and a duplicate for fee processing.

CHECK BOX, if applicable:

(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))							
Address to:	9230A						
Box CPA	Attorney Docket No. First Named Inventor	YUHPYNG L. CHEN					
Assistant Commissioner for Patents	Examiner Name	BERCH, M.		BERCH, M.			
Washington, DC 20231	Group/Art Unit	1611					
	Express Mail Label No.	EM484850243US					
This is a request for a continuation or divisional application under 37 C.F.R. §1.53(d), (continued prosecution application (CPA)) of prior application number 08/764.110    NOTES							
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. §1.53(d)(4).  a. DELETE the following inventor(s) named in the prior nonprovisional application:							
b. The inventor(s) to be deleted are se  4. A new power of attorney or authorization of the inventor of the in	et forth on a separate shee	et attached hereto.					

GROUP 180

PTO-1449 (substitute form)

Copies of IDS Citations

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CLAI	IMS (1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS			
440000	TOTAL CLAIMS (37C.F.R. § 1.18(c) or (j))	14-20*=	0	x \$ <u>22</u> =	\$ 0			
	INDEPENDENT CLAIMS (37C.F.R. § 1.16(b) or (i))	1 -3**=	0	x \$ <u>82</u> =	0			
	MULTIPLE DEPENDENT CI	o						
	BASIC FEE (37 C.F.R. § 1.16)							
		790						
.,,	Reduction by 50% for filing b	y small entity (Note 37	7 C.F.R. §§ 1.9,1.27, 1	.28).	0			
	* Reissue claims in excess of 20 and over original patent. Total =  ** Reissue independent claims over original patent.							
6.	Small entity status:							
-	a. A small entity statement is enclosed, if (b) and (c) do not apply.							
b. A small entity statement was filed in the prior nonprovisional application								
and such status is still proper and desired.								
c. Is no longer claimed.								
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16 - 1445:								
	a. Ees required under 37 C.F.R. §1.16.							
	b. Eees required under 37 C.F.R. §1.17.							
	c. Fees required under 37 C.F.R. §1.18.							
8. A check in the amount of \$ is enclosed.								
9. Other: 1. Associate Power of Attorney  ———————————————————————————————————								
2. US Express Mail Certificate with Express Mail Label No. EM484850243US dated								
6/26/98								
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.								
	10. N	FW CORRESPO	NDENCE ADDRE	ss				
<u> </u>								
Cust	tomer Number or Bar		or	New Correspor	ndence address below			
Code Label (Insert Customer No. or Attach bar code label here)								
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Country	Te	ephone		Fax				
F	11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
ľ	NAME (Print Type) Kristina L. Konstas							
	Signature Kistina L. Konstus							
ſ	Registration No. (Attorney/Agent) 37,864							
	Date	6/26/98		6/26/98	3			

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